



THE COMMONWEALTH OF MASSACHUSETTS  
Department of Labor & Workforce Development  
Division of Occupational Safety  
399 Washington Street, 5<sup>th</sup> Floor  
Boston, MA 02108  
(617)727-7047 (800) 425-0004 (MA Only)  
Fax (617)727-7568  
Homepage: [www.state.ma.us/dos](http://www.state.ma.us/dos)

APPLICATION FOR CERTIFICATION AS AN  
**ABATEMENT PROJECT  
DESIGNER**

( In accordance with the provisions of  
M.G.L. c. 149, § 6-6F and 453 CMR 6.07)

**FOR DOS USE ONLY**

☐ Initial Application

☐ Renewal Application

☐ Duplicate Application

Certification # \_\_\_\_\_

Issue Date \_\_\_\_\_

Reviewer \_\_\_\_\_

Please complete each section by printing or typing the information, attaching all required documentation, and signing the application.

**1. APPLICANT INFORMATION**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residence (Street) \_\_\_\_\_ Tel # (\_\_\_\_) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. EDUCATION BEYOND HIGH SCHOOL**

Name and address of institution attended: \_\_\_\_\_

\_\_\_\_\_

Degree received \_\_\_\_\_ Date of Degree \_\_\_\_\_

Field(s) of concentration: \_\_\_\_\_ Industrial Hygiene \_\_\_\_\_ Occupational Health \_\_\_\_\_ Environmental Science

\_\_\_\_\_ Biological Science \_\_\_\_\_ Physical Science \_\_\_\_\_ Other \_\_\_\_\_

Are you a registered architect or engineer? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Registration \_\_\_\_\_

**3. EMPLOYMENT EXPERIENCE**

Document a minimum of 12 months experience in the asbestos abatement field, as prescribed in 453 CMR 6.07(2)(c). Attach separate sheet(s) or a detailed resume, if necessary.

Name and address of employer \_\_\_\_\_ Tel # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Current Position/Title \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Supervisor's name and position/title \_\_\_\_\_

4. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- a. Original Asbestos training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 453 CMR 6.10(2), 6.10(4)(f), and/or 453 CMR 6.10(5).  
**Original training certificates will be returned after review of the application.**
- b. A copy of your bachelor's degree in industrial hygiene, occupational health, or environmental, biological or physical science.
- c. A copy of your registration as a registered architect or engineer.
- d. Documentation demonstrating fulfillment of the experience of a minimum of 12 months experience in the asbestos abatement field, as prescribed in 453 CMR 6.07(2)(c)2; or a combination of education and experience equivalent to that set forth in 453 CMR 6.07(2)(c)1 and 2.
- e. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgments, received by the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
- f. A **money order or certified bank check** payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of **\$625.00**. If the Director denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

5. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, \_\_\_\_\_, do hereby state, under the pains and penalties of perjury, that I have paid all tax obligations  
(PRINT NAME)  
current and due to the Commonwealth as of the date of application, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ 07/2003

APPLICANTS FOR CERTIFICATION SHALL APPLY IN PERSON AT ONE OF THE DOS OFFICES LISTED BELOW:

MONDAY	399 Washington Street, 5 <sup>th</sup> Floor, Boston, MA 02108 (617)727-7047/1933
TUESDAY	165 Liberty Street, Springfield, MA 01102 (413)781-2676
WEDNESDAY	4 Summer Street, Room 212, Haverhill, MA 01830 (978)372-9797
THURSDAY	1213 Purchase Street, 2nd Floor, New Bedford, MA 02740 (508)984-7718
FRIDAY BY APPOINTMENT ONLY	1001 Watertown Street, 2nd Floor, W. Newton, MA 02465-2148 (617) 969-7177
WEDNESDAY BY APPOINTMENT ONLY	167 Lyman Street, Westboro, MA 01581 (508)792-7225